

RECEIVED IN CLERK'S OFFICE
U.S.D.C. - Atlanta

NOV 14 2018

JAMES N. HATTEN, Clerk
By: *[Signature]* Deputy Clerk

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
Atlanta DIVISION

CYNTHIA WASHINGTON

(Print your full name)

Plaintiff *pro se*,

v.

DELTA AIRLINES , INC

(Print full name of each defendant; an employer is usually the defendant)

Defendant(s).

CIVIL ACTION FILE NO.

1:18-CV-5230

(to be assigned by Clerk)

PRO SE EMPLOYMENT DISCRIMINATION COMPLAINT FORM

Claims and Jurisdiction

1. This employment discrimination lawsuit is brought under (check only those that apply):

Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e et seq., for employment discrimination on the basis of race, color, religion, sex, or national origin, or retaliation for exercising rights under this statute.

NOTE: To sue under Title VII, you generally must have received a notice of right-to-sue letter from the Equal Employment Opportunity Commission ("EEOC").

Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 et seq., for employment discrimination against persons age 40 and over, or retaliation for exercising rights under this statute.

NOTE: To sue under the Age Discrimination in Employment Act, you generally must first file a charge of discrimination with the EEOC.

X

Americans With Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., for employment discrimination on the basis of disability, or retaliation for exercising rights under this statute.

NOTE: To sue under the Americans With Disabilities Act, you generally must have received a notice of right-to-sue letter from the EEOC.

Attached

Other (describe) _____

2. This Court has subject matter jurisdiction over this case under the above-listed statutes and under 28 U.S.C. §§ 1331 and 1343.

BEST AVAILABLE COPY

EEOC Form 161 (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: Cynthia Washington
1276 Tolani Drive
Stone Mountain, GA 30083

From: Atlanta District Office
100 Alabama Street, S.W.
Suite 4R30
Atlanta, GA 30303



*On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))*

EEOC Charge No.

EEOC Representative

Telephone No.

410-2018-03853

Jane Suk,
Investigator

(404) 562-6827

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

- NOTICE OF SUIT RIGHTS -*(See the additional information attached to this form.)*

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.

On behalf of the Commission

AUG 17 2018

Enclosures(s)

Berlise Williams-Kimbrough,
District Director

(Date Mailed)

cc:

Ryan Langel
Attorney
DELTA AIRLINES
1030 Delta Blvd. Admin Bldg.
Atlanta, GA 30354

Enclosure with EEOC
Form 161 (11/16)

INFORMATION RELATED TO FILING SUIT UNDER THE LAWS ENFORCED BY THE EEOC

*(This information relates to filing suit in Federal or State court under Federal law.
If you also plan to sue claiming violations of State law, please be aware that time limits and other
provisions of State law may be shorter or more limited than those described below.)*

**PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA),
the Genetic Information Nondiscrimination Act (GINA), or the Age
Discrimination in Employment Act (ADEA):**

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge within 90 days of the date you receive this Notice. Therefore, you should keep a record of this date. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed within 90 days of the date this Notice was mailed to you (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Courts often require that a copy of your charge must be attached to the complaint you file in court. If so, you should remove your birth date from the charge. Some courts will not accept your complaint where the charge includes a date of birth. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred more than 2 years (3 years) before you file suit may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit before 7/1/10 — not 12/1/10 — in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, please make your review request within 6 months of this Notice. (Before filing suit, any request should be made within the next 90 days.)

IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.

Parties

3. Plaintiff. Print your full name and mailing address below:

Name Cynthia Washington
Address 1276 To Lani Drive
Stone Mountain, GA 30083

4. Defendant(s). Print below the name and address of each defendant listed on page 1 of this form:

Name DELTA AIRLINES, INC
Address 1030 DELTA BLVD
ATLANTA, GA 30354

Name _____
Address _____

Name _____
Address _____

Location and Time

5. If the alleged discriminatory conduct occurred at a location different from the address provided for defendant(s), state where that discrimination occurred:

6000 N. Terminal Parkway
Atlanta, GA 30320

6. When did the alleged discrimination occur? (State date or time period)

From around 12/14 when released to full duty after 1st shoulder surgery
through 5/18 after release from 2nd shoulder surgery. During this time, I repeatedly
attempted to be accommodated and was not. I contacted managers in non-lifting
positions for assistance and was promised follow-ups, but received none.

Administrative Procedures

7. Did you file a charge of discrimination against defendant(s) with the EEOC or any other federal agency? Yes No

If you checked "Yes," attach a copy of the charge to this complaint.

Attached

8. Have you received a Notice of Right-to-Sue letter from the EEOC?

Yes No

If you checked "Yes," attach a copy of that letter to this complaint and state the date on which you received that letter:

August 23, 2018

9. If you are suing for age discrimination, check one of the following:

60 days or more have elapsed since I filed my charge of age discrimination with the EEOC

Less than 60 days have passed since I filed my charge of age discrimination with the EEOC



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

[REDACTED]

For Official Use Only - Inquiry Number:

Inhalce no HJ

Thank you for contacting the U.S. Equal Employment Opportunity Commission ("EEOC"). The information you give us on this Pre-Charge Inquiry (Form 290A) will help us assist you and determine if your concerns are covered by the employment discrimination laws we enforce. Answer all questions completely and briefly. Please write clearly.

After completing this Pre-Charge Inquiry, return it immediately to the EEOC office identified in the cover letter to this Pre-Charge Inquiry, or to the receptionist if you are completing this Pre-Charge Inquiry in an EEOC office.

Please note: This Pre-Charge Inquiry is not a Charge of Discrimination.

The Pre-Charge Inquiry is not intended for use by applicants for federal jobs or employees of the US government. See http://www.eeoc.gov/federal/fed_employees/complaint_overview.cfm for discrimination complaints in federal jobs.

Personal Information <i>Age: 41 yrs pct</i>	First Name: <u>Cynthia</u> MI: <u>W</u> Last Name: <u>Washington</u> Home Phone: <u>(678) 791-4483</u> Cell: <u>()</u> Email: <u></u> Address: <u>1274 Tolani Dr.</u> Apt.: <u></u> City: <u>Stone Mt.</u> County: <u>Dekalb</u> State: <u>GA</u> Zip Code: <u>30023</u> What is the best way to reach you? _____ What are the best days and times to reach you? _____ Do you need language assistance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, what do you need? _____ Date of Birth: <u>10/12/1950</u> Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		
	General Information about you that will allow us to serve all individuals better: i. Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ii. What is your race? Choose all that apply: American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> iii. What is your National Origin or ancestry? <u>American</u>		
	Who do you think discriminated against you?	Employer <input checked="" type="checkbox"/> Union <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Organization <input type="checkbox"/> Organization Name: <u>Delta Airlines</u> Address: <u>6000 N. Terminal Parkway</u> Suite: <u></u> City: <u>ATL</u> County: <u>Fulton</u> State: <u>GA</u> Zip Code: <u>30320</u> Name of Human Resources Director or Owner: <u>N/A</u> Email: _____ Phone: _____	

Who do you think discriminated against you? (continued)	<p>How many employees (estimated) does the organization have at all locations? Check one: <input type="checkbox"/> Less than 15 <input type="checkbox"/> 15-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input checked="" type="checkbox"/> More than 500</p> <p>Where you work(ed), or applied to work, if different from the organization address above: Address: _____ Suite: _____ City: _____ County: _____ State: _____ Zip Code: _____</p>
Why do you think you were discriminated against?	<p>I think I was discriminated against because of:</p> <p><input type="checkbox"/> Race – Your race: _____</p> <p><input type="checkbox"/> Color – Your color: _____</p> <p><input type="checkbox"/> Religion – Your religion: _____</p> <p><input checked="" type="checkbox"/> Sex (including pregnancy, gender identity, or sexual orientation) _____</p> <p><input type="checkbox"/> National origin – Your national origin: _____</p> <p><input checked="" type="checkbox"/> Age (40 or older) – Your age at the time of the adverse employment action: _____</p> <p><input checked="" type="checkbox"/> Disability – Check all that apply: <i>Shoulder surgery.</i> <input type="checkbox"/> I have a disability <input type="checkbox"/> I had a disability in the past <input type="checkbox"/> I don't have a disability but I am treated as if I have a disability <input type="checkbox"/> I am closely related to or associated with a person with a disability</p> <p><input type="checkbox"/> The disability involved: _____</p> <p>Is your employer aware of the disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how? _____</p> <p><input type="checkbox"/> Genetic information, my family medical history, or my participation in genetic services like counseling, education or testing</p> <p><input type="checkbox"/> Retaliation – Check all that apply: <input type="checkbox"/> I filed a charge of job discrimination about any of the above <input type="checkbox"/> I contacted a government agency to complain about job discrimination <input type="checkbox"/> I complained to my employer about job discrimination <input type="checkbox"/> I helped or was a witness in someone else's complaint about job discrimination <input type="checkbox"/> I requested an accommodation for my disability or religion</p> <p><input type="checkbox"/> None of the above – The reason for this inquiry: _____</p>
What happened to you that you think was discriminatory and when did it happen?	<p>EXAMPLES: I was denied an accommodation I needed to perform my job; I was fired because I was pregnant; I was laid off because of my age. State the date the action happened.</p> <p>Date: ____/____/____ Action: _____ _____</p> <p>Date: ____/____/____ Action: _____ _____</p> <p>Name of Person(s) Responsible: _____</p>

What reason(s) were you given for this job action? B	Reason(s): _____ Who told you this? _____ His or Her Job Title: _____
What is your job, previous job, or the job you applied for?	Date Hired: <u>01/2009</u> Job Title at Hire: <u>Ramp Agent</u> . Annual Pay Rate When Hired: _____ Last or Current Annual Pay Rate: _____ Job Title at Time of Alleged Discrimination: <u>2010</u> <u>Baggage Handler</u> . Date Your Employment Ended: <u>/ / </u> Select One: Quit <input type="checkbox"/> Discharged/Laid off <input type="checkbox"/> N/A. Name and Title of your Immediate Supervisor: <u>2010</u> <u>KEVIN BRENN, PL</u> . Job Applicants - What was the title of the job you applied for: <u>Pleader</u> . Date you applied: <u>/ / </u> Date you found out you were not hired: <u>/ / </u>
Was another person in the same or similar situation treated the same, better, or worse than you? EXAMPLES: Who else applied for the same job? Who else had the same attendance record? Who else had the same performance appraisal?	
Who was treated BETTER than you?	1. Name: _____ Job Title: _____ Email: _____ Check how they are different from you: Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> How were they treated better? _____ _____ Date: <u>/ / </u>
	2. Name: _____ Job Title: _____ Email: _____ Check how they are different from you: Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> How were they treated better? _____ _____ Date: <u>/ / </u>
Who was treated WORSE than you?	Name: _____ Job Title: _____ Email: _____ Check how they are different from you: Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> How were they treated worse? _____ _____ Date: <u>/ / </u>
Who was treated the SAME as you?	Name: _____ Job Title: _____ Email: _____ Check how they are different from you: Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> How were they treated the same? _____ _____ Date: <u>/ / </u>

THIS PRE-CHARGE INQUIRY IS NOT A CHARGE OF DISCRIMINATION

Are there any witnesses to any of the job actions taken against you? If yes, please provide their contact information and tell us what they will say.	<p>1. Name: _____ Job Title: _____ Email: _____ Phone: (____) _____ What will they tell us? _____ _____</p> <p>2. Name: _____ Job Title: _____ Email: _____ Phone: (____) _____ What will they tell us? _____ _____</p>
Have you already filed a charge on this matter with the EEOC?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Date you filed: ____/____/____ Charge Number: _____</p>
Have you filed a complaint on this matter with another agency?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Agency name: _____ Date you filed: ____/____/____ Complaint Number: _____</p>
Do you have someone representing you in this matter?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> <i>for workers comp b/t for EEOC.</i> If yes: Attorney <input type="checkbox"/> Union <input type="checkbox"/> Other <input type="checkbox"/> Name: _____ Date of Contact: ____/____/____ Email: _____ Phone: _____</p>
Who can we contact if we are unable to reach you?	<p>Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Email: _____ Home Phone: (____) _____ Cell: (____) _____</p>
Privacy Act Statement	<p>This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are: 1) EEOC PRE-CHARGE INQUIRY, FORM 290A, ISSUED OCTOBER 2017. 2) AUTHORITY, 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. §12117(a). 3) PRINCIPAL PURPOSE. The purpose of this form is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge counseling, if appropriate. 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters. 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's assessment of your situation. It is not mandatory that this form be used to provide the requested information. EEOC Pre-Charge Inquiry, Form 290A, issued October 2017.</p>
<p>Please note: You must file a charge of job discrimination within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located where a state or local government agency enforces job discrimination laws on the same basis as the EEOC's laws. This Pre-Charge Inquiry Is not a charge. If you would like to file a charge of discrimination immediately, contact the EEOC office on the cover letter. We recommend that you keep a copy of your completed Pre-Charge Inquiry and the Cover Letter for your records.</p>	

THIS PRE-CHARGE INQUIRY IS NOT A CHARGE OF DISCRIMINATION

This information represents the investigator's pre-decisional thoughts and analysis regarding the processing of the charge.

Page 08 of 32

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

EEOC Form 5 (11/06)

CHARGE OF DISCRIMINATION		Charge Presented To: Agency(ies) Charge No(s):	
<p>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	410-2018-03853
and EEOC			
State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) Ms. Cynthia Washington		Home Phone (Incl. Area Code) (678) 791-9483	Date of Birth: 1956
Street Address 1276 Tolani Drive		City, State and ZIP Code Stone Mountain, GA 30083	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name DELTA AIRLINES		No. Employees, Members 500 or More	Phone No. (Include Area Code) (404) 715-2600
Street Address 6000 N. Terminal Parkway		City, State and ZIP Code Atlanta, GA 30320	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)			DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 04-01-2017 04-01-2017
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)			<input checked="" type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I. I was hired by the above-named employer in January 2009, and currently hold the Baggage Handler position. In September 2013, I was injured at the job and went out on workers comp. In December 2014, I was released back to work without any restrictions. However, I continued to experience pain and went out on another leave. In or around April 2017, I was released back to work with a restriction. However, upon my return, I was informed by Warren Wells, Ready Reserve Manager, that they cannot accommodate me. I requested to work a different job duty and a transfer, but my request was denied.</p> <p>II. The reason given for denying my accommodation was, that they do not have to accommodate a Ready Reserve employee.</p> <p>III. I believe that I have been discriminated against based on my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as amended.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  MAR 07 2018 SUBSCRIBED AND SWEARN TO BEFORE ME THIS DATE (month, day, year)	
Mar 07, 2018	Date	EEOC-ATDO	
Charging Party Signature			

CP Enclosure with EEOC Form 5 (11/09)

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please notify EEOC or the state or local agency where you filed your charge if retaliation is taken against you or others who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an employer to discriminate against present or former employees or job applicants, for an employment agency to discriminate against anyone, or for a union to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.



**U.S. Equal Employment Opportunity Commission
Atlanta District Office
100 Alabama Street, S.W.
Suite 4R30
Atlanta, GA 30303**

NOTICE OF CHARGE OF DISCRIMINATION

(This Notice replaces EEOC FORM 131)

DIGITAL CHARGE SYSTEM

March 15, 2018

To: Ryan Langel
Special Counsel
DELTA AIRLINES
ryan.langel@delta.com

This is notice that a charge of employment discrimination has been filed with the EEOC against your organization by Cynthia Washington, under: The Americans with Disabilities Act (ADA). The circumstances of the alleged discrimination are based on Disability, and involve issues of Reasonable Accommodation that are alleged to have occurred on or about Apr 01, 2017 and may be continuing.

The Digital Charge System makes investigations and communications with charging parties and respondents more efficient by digitizing charge documents. The charge is available for you to download from the EEOC Respondent Portal, EEOC's secure online system.

Please follow these instructions to view the charge within ten (10) days of receiving this Notice:

(b)(5)

1. Access EEOC's secure online system: <https://nxg.eeoc.gov/rsp/login.jsf>
2. Enter this EEOC Charge No.: 410-2018-03853

Documents reflecting the agency's charge processing codes; both general and specific to the charge.

Once you log into the system, you can view and download the charge, and electronically submit documents to EEOC. The system will also advise you of possible actions or responses, and identify your EEOC point of contact for this charge.

If you are unable to log into the EEOC Respondent Portal or have any questions regarding the Digital Charge System, you can send an email to ATDOCHARGES@EEOC.GOV.

Preservation of Records Requirement

EEOC regulations require respondents to preserve all payroll and personnel records relevant to the charge until final disposition of the charge or litigation. 29 CFR §1602.14. For more information on your obligation to preserve records, see <http://eeoc.gov/employers/recordkeeping.cfm>.

Non-Retaliation Requirements

The laws enforced by the EEOC prohibit retaliation against any individual because s/he has filed a charge, testified, assisted or participated in an investigation, proceeding or hearing under these laws. Persons filing charges of discrimination are advised of these Non-Retaliation Requirements and are instructed to notify EEOC if any attempt at retaliation is made. For more information, see <http://www.eeoc.gov/laws/types/facts-retal.cfm>.

Legal Representation

Although you do not have to be represented by an attorney while we handle this charge, you have a right, and may wish to retain an attorney to represent you. If you do retain an attorney, please provide the attorney's contact information when you log in to the online system.

Please retain this notice for your records.



U.S. Equal Employment Opportunity Commission

FEDERAL INVESTIGATION: REQUEST FOR POSITION STATEMENT AND SUPPORTING DOCUMENTARY EVIDENCE

EEOC hereby requests that your organization submit within 30 days a Position Statement setting forth all facts which pertain to the allegations in the charge of discrimination under investigation, as well as any other facts which you deem relevant for EEOC's consideration.

We recommend you review EEOC's resource guide on "[Effective Position Statements](#)" as you prepare your response to this request.

Fact-Based Position Statement

This is your opportunity to raise any and all defenses, legal or factual, in response to each of the allegations of the charge. The position statement should set forth all of the facts relevant to respond to the allegations in the charge, as well as any other facts the Respondent deems pertinent to EEOC's consideration. The position statement should only refer to, but not identify, information that the Respondent asserts is sensitive medical information, or confidential commercial or financial information.

EEOC also requests that you submit all documentary evidence you believe is responsive to the allegations of the charge. If you submit only an advocacy statement, unsupported by documentary evidence, EEOC may conclude that Respondent has no evidence to support its defense to the allegations of the charge.

EEOC may release your position statement and non-confidential attachments to the Charging Party and her representative and allow them to respond to enable the EEOC to assess the credibility of the information provided by both parties. It is in the Respondent's interest to provide an effective position statement that focuses on the facts. EEOC will not release the Charging Party's response, if any, to the Respondent.

If no response is received to this request, EEOC may proceed directly to a determination on the merits of the charge based on the information at its disposal.

Signed by an Authorized Representative

The Position Statement should be signed by an officer, agent, or representative of Respondent authorized to speak officially on its behalf in this federal investigation.

Segregate Confidential Information into Separately Designated Attachments

If you rely on confidential medical or commercial information in the position statement, you should provide such information in separate attachments to the position statement labeled "Sensitive Medical Information," "Confidential Commercial or Financial Information," or "Trade Secret Information" as applicable. Provide an explanation justifying the confidential nature of the information contained in the attachments. Medical information about the

Charging Party is not sensitive or confidential medical information in relation to EEOC's investigation.

Segregate the following information into separate attachments and designate them as follows:

- a. Sensitive medical information (except for the Charging Party's medical information).
- b. Social Security Numbers
- c. Confidential commercial or financial information.
- d. Trade secrets information.
- e. Non-relevant personally identifiable information of witnesses, comparators or third parties, for example, social security numbers, dates of birth in non-age cases, home addresses, personal phone numbers and email addresses, etc.
- f. Any reference to charges filed against the Respondent by other charging parties.

Requests for an Extension

If Respondent believes it requires additional time to respond, it must, at the *earliest possible time* in advance of the due date, make a written request for extension, explain why an extension is necessary, and specify the amount of additional time needed to reply. Submitting a written request for extension of time does not automatically extend the deadline for providing the position statement.

Upload the Position Statement and Attachments into the Respondent Portal

You can upload your position statement and attachments into the Respondent Portal using the **+ Upload Documents** button. Select the "Position Statement" Document Type and click the **Save Upload** button to send the Position Statement and attachments to EEOC. Once the Position Statement has been submitted, you will not be able to retract it via the Portal.

EEOC Form 5 (11/03)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

FEPA

EEOC

410-2018-03853

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Cynthia Washington

Home Phone (Incl. Area Code)

(678) 791-9483

Date of Birth

1956

Street Address

1276 Tolani Drive

City, State and ZIP Code

Stone Mountain, GA 30083

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

DELTA AIRLINES

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(404) 715-2600

Street Address

6000 N. Terminal Parkway

City, State and ZIP Code

Atlanta, GA 30320

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY GENETIC INFORMATION
 OTHER (Specify) _____

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

04-01-2017

04-01-2017

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I. I was hired by the above-named employer in January 2009, and currently hold the Baggage Handler position. In September 2013, I was injured at the job and went out on workers comp. In December 2014, I was released back to work without any restrictions. However, I continued to experience pain and went out on another leave. In or around April 2017, I was released back to work with a restriction. However, upon my return, I was informed by Warren Wells, Ready Reserve Manager, that they cannot accommodate me. I requested to work a different job duty and a transfer, but my request was denied.

II. The reason given for denying my accommodation was, that they do not have to accommodate a Ready Reserve employee.

III. I believe that I have been discriminated against based on my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Mar 07, 2018

Cynthia Washington
Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge. (Initials) _____
SIGNATURE OF COMPLAINANT

RECEIVED

MAR 07 2018
SUBSCRIBED AND SWEORN TO BEFORE ME THIS DATE:
(month, day, year)

EEOC-ATDO

EEOC Form 5 (11/08)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

FEPA

EEOC

410-2018-03853

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Cynthia Washington

Home Phone (Incl. Area Code)

(678) 791-9483

Date of Birth

1956

Street Address

1276 Tolani Drive

City, State and ZIP Code

Stone Mountain, GA 30083

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

DELTA AIRLINES

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(404) 715-2600

Street Address

6000 N. Terminal Parkway

City, State and ZIP Code

Atlanta, GA 30320

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY GENETIC INFORMATION
 OTHER (Specify) _____

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

04-01-2017

04-01-2017

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I. I was hired by the above-named employer in January 2009, and currently hold the Baggage Handler position. In September 2013, I was injured at the job and went out on workers comp. In December 2014, I was released back to work without any restrictions. However, I continued to experience pain and went out on another leave. In or around April 2017, I was released back to work with a restriction. However, upon my return, I was informed by Warren Wells, Ready Reserve Manager, that they cannot accommodate me. I requested to work a different job duty and a transfer, but my request was denied.

II. The reason given for denying my accommodation was, that they do not have to accommodate a Ready Reserve employee.

III. I believe that I have been discriminated against based on my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Mar 07, 2018


Cynthia Washington

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

RECEIVED

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

MAR 07 2018

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

EEOC-ATDO

EEOC Form 5 (11/08)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

FEPA

EEOC

410-2018-03853

and EEOC

State or Local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Cynthia Washington

Home Phone (Incl. Area Code)

(678) 791-9483

Date of Birth

1956

Street Address

1276 Tolani Drive

City, State and ZIP Code

Stone Mountain, GA 30083

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

DELTA AIRLINES

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(404) 715-2600

Street Address

6000 N. Terminal Parkway

City, State and ZIP Code

Atlanta, GA 30320

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY GENETIC INFORMATION
 OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

04-01-2017

04-01-2017

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I. I was hired by the above-named employer in January 2009, and currently hold the Baggage Handler position. In September 2013, I was injured at the job and went out on workers comp. In December 2014, I was released back to work without any restrictions. However, I continued to experience pain and went out on another leave. In or around April 2017, I was released back to work with a restriction. However, upon my return, I was informed by Warren Wells, Ready Reserve Manager, that they cannot accommodate me. I requested to work a different job duty and a transfer, but my request was denied.

II. The reason given for denying my accommodation was, that they do not have to accommodate a Ready Reserve employee.

III. I believe that I have been discriminated against based on my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Mar 07, 2018

Date

Charging Party Signature

Inquiry Information

REASON(S) FOR CLAIM

Date of Incident (Approximate): 03/02/2018
Reason for Complaint: Age - I am 40 years of age or older, Sex (including pregnancy, sexual orientation and gender identity), Disability

Pay Disparity: No
Location of Incident: Georgia

EEOC (INQUIRY) NUMBER: 410-2018-03853

Submission (Initial Inquiry) Date: 03/06/2018

Claim previously filed as charge with EEOC? No

Claim previously filed as complaint with another Agency? No

RECEIVED

EEOC ATDO

INQUIRY OFFICE

Receiving: Atlanta District Office
Accountable: Atlanta District Office

APPOINTMENT

Appointment Date and time:

Interview Type:

APPROXIMATE DEADLINE FOR FILING A CHARGE

Earliest Date: 08/29/2018
Latest Date: 08/29/2018

POTENTIAL CHARGING PARTY

First Name, Middle Initial: Cynthia
Last Name: Washington
Street or Mailing Address: 1276 TO LANI DR
City, State, Zip: STONE, GA, 30083
Country: UNITED STATES OF AMERICA
Year of Birth: 1956
Email Address: washlynnlonaire@yahoo.com
Home Phone Number: (678) 791-9483
Cell Phone Number: (678) 791-9483

RESPONDENT

Organization Name: DELTA AIRLINES
Type of Employer: Business or non-profit organization that I applied to, work for, or worked for

Number of Employees: An uncertain number of employees
Street or Mailing Address: P.O. Box 20706
Building, Suite or Room #:
City, State, Zip Code: ATL, GA, 30320
County:
Phone Number: (404) 715-2600

RESPONDENT CONTACT

First and Last Name:

Email Address:

Phone Number:

Title:

LOCATION OF POTENTIAL CHARGING PARTY'S EMPLOYMENT

Street or Mailing Address: 8000 North Terminal Parkway
Building, Suite or Room #: _____
City, State, Zip Code: ATLANTA, GA, 30320
County: Fulton

POTENTIAL CHARGING PARTY'S DEMOGRAPHICS

Gender: F
Disabled: I have a disability
Are you Hispanic or Latino? not hispanic or latino
Ethnicity: Black or African American,
National Origin: American(U.S.)

Adverse Action(s)

Injured on job at Delta Airlines. Rotator cuff/labrum tear surgery. Released by WC Dr, to full duty, still complaining of pain. While in OJT, I was sent home by the employer, as I was unable load airplane. The Dr, refused to change full duty. An independent Dr confirmed my complaints. My employer refused to continue WC benefits. Almost a year later, I was assigned different WC Dr that confirmed independent Dr's findings and a 2nd surgery was performed. I repeatedly asked my employer to accommodate me with a less physical position and was denied, each time, even with experience in other areas of airline customer service. My position with Delta only allows me from flying benefits and twice the privileges were suspended. My former attorney was able to get them reinstated. Current attorney refused to pursue reinstatement. He recommends settling WC, which prevents filing future cases against employer.

Supplemental Information

What Reason(s) were you given for the action taken against you?

That they did not have to provide accommodations to me, even if it was in a different position or department.

Was anyone in a similar situation treated the same, better, or worse than you?

What I am aware of is that there are employees in same department as myself that had medical issues such as strokes, heart attacks, injuries, etc, that were placed in less strenuous positions to accommodate their situations. Most of these employees were males. I only know one worker's first name (Johnny), not sure of the others names, know them by face.

Please provide name(s) and email and/or phone number of anyone who will support your claim, and briefly describe the information this person will provide.

Warren Wells - Manager of Ready Reserve employees (email unknown). He can confirm that when he was summoned to office the day I was told to go home, he was the manager that told me I had to leave and escorted me out

Tammy Bassett - Accommodation Manager

was one of the managers I spoke with on the day I was told to go home and told I could not be accommodated. There are several people whose names I cannot think of at this time, such as the OJT Instructors that went with me to the managers office, when told to go home.

Co-workers that work in same area as myself, that is aware of accommodations to some employees.

Please tell us any other information about your experience?

My employment began Jan 2009 and before injury, I have had perfect attendance, work extended hours without pay, as

support to the team. Was injured before but refused to take off, returning to work each time. Foot was run over by a 2000 lb cart on a Friday, told by acting manager I could not go to hospital until I saw Delta's clinic (closed, at that time) for referral or Delta would not cover the medical. Went home with severely swollen foot, until Monday. I have asked different departments too allow me accommodations, that I may continue my employment with Delta and was told sure, they would get back to me and never did. A former manager told me because of his knowledge of my work history, he would be glad to help me. After a couple of calls to him later, he never returned calls.

10. If you were employed by an agency of the State of Georgia or unsuccessfully sought employment with a State agency, did you file a complaint against defendant(s) with the Georgia Commission on Equal Opportunity?

Yes No Not applicable, because I was not an employee of, or applicant with, a State agency.

If you checked "Yes," attach a copy of the complaint you filed with the Georgia Commission on Equal Opportunity and describe below what happened with it (i.e., the complaint was dismissed, there was a hearing before a special master, or there was an appeal to Superior Court):

11. If you were employed by a Federal agency or unsuccessfully sought employment with a Federal agency, did you complete the administrative process established by that agency for persons alleging denial of equal employment opportunity?

Yes No Not applicable, because I was not an employee of, or applicant with, a Federal agency.

If you checked "Yes," describe below what happened in that administrative process:

Nature of the Case

12. The conduct complained about in this lawsuit involves (check only those that apply):

failure to hire me
 failure to promote me
 demotion
 reduction in my wages
 working under terms and conditions of employment that differed from similarly situated employees
 harassment
 retaliation
 termination of my employment
 failure to accommodate my disability
 other (please specify) Constructive discharge

13. I believe that I was discriminated against because of (check only those that apply):

my race or color, which is _____
 my religion, which is _____
 my sex (gender), which is _____ male _____ female
 my national origin, which is _____
 my age (my date of birth is _____)
 my disability or perceived disability, which is:

Per Dr. limited to lifting no more than 20 lbs.
 my opposition to a practice of my employer that I believe violated the federal anti-discrimination laws or my participation in an EEOC investigation
 other (please specify) _____

14. Write below, as clearly as possible, the essential facts of your claim(s). Describe specifically the conduct that you believe was discriminatory or retaliatory and how each defendant was involved. Include any facts which show that the actions you are complaining about were discriminatory or retaliatory. Take time to organize your statements; you may use numbered paragraphs if you find that helpful. Do not make legal arguments or cite cases or statutes.

Per my repeated requests for accommodations before and after I was released to duty

12/14, (1st surgery was 4/14), I was denied. During the job training class, I informed the Performance Leader of Zone 9(unsure of name), that when I raised my left arm, it was with extreme pain. I was escorted to the administrative office by the PL, who went into a conference with Warren Wells(Ready Reserve Manager) and Tamberly Bassett (Accommodations Dept). After the meeting, I was told to go home. Again, I asked to be accommodated and was denied. The class instructors were present, when I was told I would not be accommodated and escorted out. Immediately after leaving my employer, I went to the WC physician that released me to full duty and told him what occurred and told him again I was having extreme pain lifting my left arm. He told me to deal with it and maintained his orders of full duty status. I contacted my WC attorney, informing her of the status. I was seen by a non-WC physician, Dr Thomas Branch, around 5/15, who confirmed issues that were causing my distress, via MRI and X-Ray. I took the medical findings to the WC physician, a week or so later, and he continued to refuse to change my work status. My WC attorney went through the process of presenting my case to the Worker's Comp board and was assigned a different WC physician, that agreed with the non-WC physician. He started treatment with therapy, then proceeded with a 2nd surgery on same shoulder around 2/17. After therapy, I was released back to limited duty(lift no more than 20 lbs) around 11/17. While awaiting duty release, I applied for several positions that did not require heavy lifting.

(Attach no more than five additional sheets if necessary; type or write legibly only on one side of a page.)

Page 7 Question #14

One of the positions I applied for was Ticket/Gate agent (April 2017). I was contacted by Tamberly Bassett, informing me of scheduling for an interview for the above position. She said I had to apply, interview and go through the process like a non-employee. I informed my attorney of my communications with Ms. Bassett and he stated that I could not accept any position, until I was released back to duty by my WC physician. I conveyed this to Ms. Bassett by phone and she requested I send her an email, stating that. I complied.

While awaiting release, I received 2 certified letters (around 3/15/17 and 4/7/17) from Delta's Accommodations Specialist Jaleassia Edgerton, regarding accommodating me. I called my WC attorney upon my receiving the notices, both times. The WC attorney said he would be in contact with Delta's attorneys regarding this. Upon further contact with my attorney and his paralegal Ms. Tinsley (email 4/5/17), I was told to disregard the accommodation notices, as they were sent to me (twice) in error. I sent Mr. Compton a copy of

Delta's policy manual regarding the Job Accommodation Program. To show that it does not state that Ready Reserves could not be accommodated, as stated by Warren Wells and Tamberly Bassett. Other employees have been accommodated, to a less demanding position in the baggage claim area, due to their health issue, in addition to another employee given the opportunity to go to reservations, due to medical issues. I was never given that opportunity, even on a temporary basis.

January 15, 2015, I stated to my 1st WC attorney (same firm), via email, that I had no intentions of leaving Delta, but did not want to harm myself, by not being accommodated.

Due to the fact, that the 1st WC physician released me back to full duty, my WC benefits were terminated around 12/14. After continuously going back and forth challenging my right to payments, they were finally restored approximately 12/15, with back payments.

15. Plaintiff still works for defendant(s)
x no longer works for defendant(s) or was not hired

16. If this is a disability-related claim, did defendant(s) deny a request for reasonable accommodation? x Yes No

If you checked "Yes," please explain: I personally was told by Warren Wells (Ready Reserve Mgr) and Tamberly Bassett(Accommodations Dept) that Delta did not have to accommodate Ready Reserve employees, when I returned to duty after 1st surgery (12/14). Delta sent 2 certified letters (3/17 & 4/17), offering accommodations, I responded through my WC attorney Max Compton, who stated he was

17. If your case goes to trial, it will be heard by a judge unless you elect a jury trial. Do you request a jury trial? x Yes No

Request for Relief

As relief from the allegations of discrimination and/or retaliation stated above, plaintiff prays that the Court grant the following relief (check any that apply):

- x Defendant(s) be directed to Restore flight privileges and reinstatement to a position that accommodates medical restrictions.
- x Money damages (list amounts) Up to \$300,000
- x Costs and fees involved in litigating this case
- x Such other relief as may be appropriate

Cont: Page 8 For question #16

told by Delta's attorneys to disregard the offer, as they were sent to me in error. I have email correspondence regarding this matter, with Mr. Compton and his paralegal Ms. Tinsley (4/15/17).

PLEASE READ BEFORE SIGNING THIS COMPLAINT

Before you sign this Complaint and file it with the Clerk, please review Rule 11 of the Federal Rules of Civil Procedure for a full description of your obligation of good faith in filing this Complaint and any motion or pleading in this Court, as well as the sanctions that may be imposed by the Court when a litigant (whether plaintiff or defendant) violates the provisions of Rule 11. These sanctions may include an order directing you to pay part or all of the reasonable attorney's fees and other expenses incurred by the defendant(s). Finally, if the defendant(s) is the prevailing party in this lawsuit, costs (other than attorney's fees) may be imposed upon you under Federal Rule of Civil Procedure 54(d)(1).

Signed, this 13 day of November, 20 18

Cynthia Washington
(Signature of plaintiff *pro se*)

CYNTHIA WASHINGTON

(Printed name of plaintiff *pro se*)

4645 Cloister Circle

(street address)

Hampton, GA 30228

(City, State, and zip code)

washlynnnaire@yahoo.com

(email address)

(678) 791-9483

(telephone number)